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Request	Application Number	10/004,076	CENTRAL FAX CENTER
Continued Examination (RCE)	Filing Date	October 30, 2001	— AU\$ 2 6 2004
Transmittal	First Named Inventor	Albazz, I. et al.	
Address to: Mail Stop RCE	Art Unit	3629	
Commissioner for Patents	Examiner Name	Tgor Borissov	
P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket Number		
This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2. 1. Submission required under 37 CFR 1.114 Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).			
a. Previously submitted. If a final Office action is considered as a submission even if this box is i. Consider the arguments in the Appeal Bit. Other b. X Enclosed l. X Amendment/Reply ii. Affidavit(s)/ Declaration(s) 2. Miscellaneous 3. Suspension of action on the above-Identified a period of months. (Period of suspens the Director is hereby authorized to charge the Deposit Account No. 09/0461 i. X RCE fee required under 37 CFR 1.17(e) ii. X RCE fee required under 37 CFR 1.136 and 1. iii. Other Check in the amount of \$ c. Payment by credit card (Form PTO-2038 enclose WARNING: Information on this form make included on this form. Provide credit	iii. Information iv. Other application is requested under 37 C ion shall not exceed 3 months; Fee under d by 37 CFR 1.114 when the RCE is e following faes, or credit any overs	Disclosure Statement (IDS) FR 1.103(c) for a part of the statement (IDS) FR 1.103(c) for a part of the statement (IDS) FR 1.103(c) for a part of the statement (IDS)	
	NT, ATTORNEY, OR AGENT REQ		
Name (Print/Type) Gregory M. Doudnikoff.		on No. (Attorney/Agent) 32,84	7
Signature Date August 26, 2004 CERTIFICATE OF MAILING OR TRANSMISSION			
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